

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>02/28/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>3/10</i>
FORMALITY REVIEW	<i>S.S.</i>	<i>69134</i>	<i>4-26-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	9	3	9
2	20	24	24
3	00	01	01
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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